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Docket No.: PALM-3676.SG

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date of deposit.

Date of Deposit:	12/19/07	Name of Person Making the Deposit:	Julie Giaramita	Signature of the Person Making the Deposit:	<i>Julie Giaramita</i>
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Inventor(s): Gettemy, et al.

Serial No.: 09/991,344

Group Art Unit: 2629

Filed: 11/20/01

Examiner: Lao, Lun Yi

Conf. No: 4295

Title: PROXIMITY INPUT DETECTION SYSTEM FOR AN ELECTRONIC DEVICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR WITHDRAWAL OF ABANDONMENT

1. Applicant petitions that the abandonment set forth in the notice by the Office on 11/29/07 be withdrawn.

2. Submitted herewith is::

- ☒ [X] A copy of the page of the response mailed on 10/24/07 showing a certificate of mailing executed on .
- ☒ [X] A copy of the postcard identifying the papers filed and showing the US PTO receipt stamp dated 10/24/07.
- ☒ [X] A copy of the complete response previously filed.
- ☒ [X] A copy of the attorney's Deposit Account Statement, in which the item corresponding to the response referred to the above is checked

3.. Please proceed with further examination of this application on the basis of:

- ☐ [] The original papers filed, which have now reached the appropriate area of the US PTO.

AND/OR

- ☒ [X] The attached copy of the papers originally filed.

PETITION FEE

Adjustment date: 01/12/2009 CKHLOK
12/27/2007 FHETEKI1 00000051 09991344
01 FC:1464 -130.00 OP

4. The petition fee (37 C.F.R. 1.17(h)) is paid as follows:

- ☒ [X] Check in the sum of \$130.00

12/27/2007 FHETEKI1 00000051 09991344

01 FC:1464

130.00 OP

Repln. Ref: 01/12/2009 CKHLOK 0000042900
DAH:504160 Name/Number:09991344
FC: 9204 \$130.00 CR

- [X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 50-4160. A duplicate copy of this authorization is enclosed.

REQUEST FOR REFUND OF PETITION FEE

5. [X] As no defect exists in applicant's previous submission, a refund of the petition fee submitted herewith is respectfully requested.

REQUEST FOR WITHDRAWAL OF ABANDONMENT

6. Acknowledgment of the active status of this application is respectfully requested.

Respectfully submitted,

Date: 12/19/07

By: Bmf
Bryan M. Failing
Reg. No. 57,974

MURABITO HAO & BARNES LLP
Two North Market Street, Third Floor
San Jose, California 95113
(408) 938-9060

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 01/09/09		2 Serial/Patent # 09/991,344										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
X	Petition		12/26/07	\$ 130.00								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 130.00							
			8 TO BE REFUNDED BY:									
10 REASON:			Treasury Check									
	Overpayment	X	Credit Deposit A/C #:									
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">0</td></tr></table>			5	0	--	4	1	6	0
5	0	--	4	1	6	0						
X	No Fee Due (Explanation):											
no petition fee required for 181 petition to withdraw holding of abandonment												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: Cliff Congo		TITLE: Attorney										
SIGNATURE:		PHONE: 571-272-3207										
OFFICE: Petitions												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED:		DATE: 1/12/09										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**